



TOWN OF HAMPTON

BUILDING/ZONING DEPARTMENT
608 FIRST STREET WEST
Hampton, SC 29924

Phone: 803-943-2951
Fax: 803-943-2182
Email: hampton_building@embarqmail.com

COMMERCIAL BUILDING PERMIT APPLICATION

I hereby make application for permit to perform the work as described herein and if permit is granted I agree to conform to all ordinances and regulations of the Town of Hampton, S.C., pertaining thereto, whether specified herein or not, and in accordance with plans submitted and approved. I further agree to repair any sidewalks, streets or town property broken or damaged as a result of construction and agree to remove all trash and debris from the site as needed and upon completion of work.

Date: _____ Building Address: _____ Lot #: _____

APPLICANT INFORMATION

Name: _____ Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

PARCEL INFORMATION

Tax map number: _____ Date purchased: _____
(You will need to contact the tax assessors office to obtain this information 803-943-7508)

☐ CHECK IF SAME AS APPLICANT

Owner Name: _____ Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ E-mail: _____

CONTRACTOR ☐ CHECK IF SAME AS APPLICANT

Primary contractor: _____ State license #: _____

Address: _____ Phone: _____ Contact: _____

Contract price: _____ Town business license number: _____

PERMIT INFORMATION

Total valuation of construction: _____ Type: New ___ Remodel ___ Repair ___ Addition ___

Total heated/living space: _____ Total area of porches: _____ Total area of decks: _____

Total area of attached carports: _____ Total area of garages: _____ Total area under roof: _____

Total impervious area (lot size): _____ Total area of accessory buildings: _____

Type of construction: ___ I ___ II ___ III ___ IV ___ V protected / unprotected Fire Sprinklers: (circle) Y / N

Type of Occupancy: ___ Business ___ Assembly ___ Educational ___ Factory/Industrial ___ Hazardous
___ Inst. ___ Mercantile ___ Storage ___ other

(Continued on next page)

Description of work: (ATTACH ADDITIONAL INFORMATION, PLANS OR SPECIFICATIONS AS NEEDED)

SUBCONTRACTOR LIST:

Architect/Engineer: _____ State license #: _____

Address: _____ Phone: _____ Contact: _____

Contract price: _____ Town business license number: _____

Electrical contractor: _____ State license #: _____

Address: _____ Phone: _____ Contact: _____

Contract price: _____ Town business license number: _____

Plumbing contractor: _____ State license #: _____

Address: _____ Phone: _____ Contact: _____

Contract price: _____ Town business license number: _____

HVAC contractor: _____ State license #: _____

Address: _____ Phone: _____ Contact: _____

Contract price: _____ Town business license number: _____

Other contractor: _____ State license #: _____

Address: _____ Phone: _____ Contact: _____

Contract price: _____ Town business license number: _____

(attach additional subcontractor information as needed or required)

X _____ *I hereby certify that information provided is true and correct*
Authorized agent signature

TO BE FILLED IN BY BUILDING DEPARTMENT

Zoning District _____ Fire Zone _____ Street setback _____ Side setbacks _____

Corner setbacks _____ Parking spaces required _____ Loading Zone required: Y / N

Water tap required: Y / N Sewer Tap required: Y / N Fire Tap required: Y / N

Approved/denied _____ Denied because: _____

X _____ Date: _____
Robert A. Poston – Building/Zoning Official